

**Iowa Division of Labor
Athletic Commission**
1000 East Grand Avenue
Des Moines, IA 50319-0209
Phone: 515-281-8067
Fax: 515-281-5361
lowadivisionoflabor.gov

FOR OFFICE USE ONLY

Event License Number: _____

Event Attendees: _____

Application for an Iowa Wrestling Event License

This completed application and you \$100.00 non-refundable event license fee must be submitted to the Iowa Division of Labor at the above address, no later than seven days prior to the event.

Promoter Business Name		Promoter Name		
Mailing Address	City		State	Zip
Phone Number	Cell Phone Number	Email Address		

Only One Event per Application

Event Date

Event Location Name

Event Location Address

Event City

I have read Iowa Code Chapter 90A regulating the conduct of professional athletics and the Administrative Rules of the Athletic Commissioner and will conform to their requirements in all respects.

I understand this license authorizes me to conduct this athletic event only on the date and place specified above.

I understand I must file an Events Receipt Report regarding attendance and receipts with the Athletic Commission within 20 days after each event. The Events Receipt Report shall be accompanied by a check payable to the Iowa Athletic Commission and a check payable to the Iowa Department of Revenue, sent to the address above.

Promoter Signature

Date